Type or print in ink. Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER South Bay AFL-CIO Labor Council Issues Account sponsored by South Bay AFL-CIO Labor Council AREA CODE/PHONE NUMBER () - I.D. NUMBER (if applicable) 1243364 STREET ADDRESS CITY STATE ZIP CODE San Jose CA 95125			D. NUMBER (if applicable) 43364 TE ZIP CODE		Date of This Filing 11/02/2005 Report No. LIE158-51021 Amendment to Report No. 01 (explain below)			Date Stamp Page 1 of 4		CALIFORNIA FORM For Official Use		
			No. of Pages4									
-	andidate or Ballot Measure				_	1						
NAME OF CANDIDAT	E SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED Public School Teachers							
OFFICE SOUGHT OR HELD/DISTRICT NO. SUPPORT OPPOSE					BALLOT NO./LETTER JURISDICTION STW				SUPPORT	OPPOSE X		
2. Independent Ex	penditures Made Attach ad	ditional info	rmation on appr	opriately labe	eled continu	ation sheets.		I-			I	
DATE			DE	SCRIPTION C	F EXPEND	TURE					AMOUNT	
10/08/2005	Printing/design for walkpiece									\$188.60		
10/16/2005	Food for Volunteers									\$23.10		
10/09/2005	Food & Supplies									\$46.36		
10/14/2005	Food & Supplies									\$24.26		
10/07/2005	Food for Volunteers									\$42.21		

Reason for Amendment:

Amendment to reflect additional

expenditures

Type or print in ink. Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER South Bay AFL-CIO Labo	or Council Issues Account sponsored by South	Bay AFL-CIO Labor C	Date of This Filing 11/02/2005			tamp CALIFORNIA FORM 496			
AREA CODE/PHONE NUM	D. NUMBER (if applicable 243364			NoLIE158-51021	D 2 . f 4		Official Use	Only	
STREET ADDRESS				to Repo	ndment ort No	Page 2 of 4			
CITY STATE ZIP C San Jose CA 9512				(explain below) No. of Pages4					
1. List Only One C	andidate or Ballot Measure		·				·		
NAME OF CANDIDAT	E SUPPORTED OR OPPOSED				NAME OF BALLOT MEASUR Public School Teachers	RE SUPPORTED OR OPPOSED)		
OFFICE SOUGHT OR HELD/DISTRICT NO. SUPPORT OPPOSE					BALLOT NO./LETTER 74	JURISDICTION STW		SUPPORT	OPPOSE X
2. Independent Ex	penditures Made Attach addition	nal information on appr	ropriately lab	eled continu	nation sheets.				
DATE		DE	SCRIPTION C	F EXPENDI	TURE			AMOUNT	
10/14/2005	Food for Volunteers						\$85.72		
10/21/2005	Food & supplies						\$71.44		
10/21/2005	Est. Cost of Phonecalls thru 10/22						\$600.00		
10/11/2005	Food for Volunteers						\$6.60		
10/16/2005	Food for Volunteers						\$254.45		

Reason for Amendment:

Amendment to reflect additional

expenditures

Type or print in ink. Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER South Bay AFL-CIO Labor Council Issues Account sponsored by South Bay AFL-CIO Labor Council					Date of Date Stamp This Filing11/02/2005				CALIFORNIA 496		
AREA CODE/PHONE NUMBER () - I.D. NUME 1243364		NUMBER (if applicable) 3364		Report	No. LIE158-51021	Page 3 of 4		For Official Use Only			
STREET ADDRESS					to Rep	endment ort No	Page 3 01 4				
CITY STATE ZIP CODE CA 95125				(explain be	elow) Pages4						
1. List Only One Ca	ndidate or Ballot Measur	е		<u>'</u>							
NAME OF CANDIDATE S	SUPPORTED OR OPPOSED					NAME OF BALLOT MEASU Public School Teachers	RE SUPPORTED OR OPPOSED				
OFFICE SOUGHT OR HE	ELD/DISTRICT NO.		SUPPORT	OPPOSE	_	BALLOT NO./LETTER 74	JURISDICTION STW		SUPPORT	OPPOSE X	
2. Independent Expe	enditures Made Attach	additional infor	mation on appi	ropriately lab	eled contin	uation sheets.	'				
DATE			DE	SCRIPTION C	OF EXPEND	DITURE			AMOUNT		
10/21/2005	Estimated Cost of Food							\$150.00			
10/08/2005	Rent for office space							\$666.67			

Reason for Amendment:

Amendment to reflect additional

expenditures

CALIFORNIA 496

NAME OF FILER
South Bay AFL-CIO Labor Council Issues Account sponsored by South Bay AFL-CIO Labor Council

I.D. NUMBER (If applicable) 1243364

3. Contributions of \$100 or More Received*

J. COIIIIIDU	ILIONS OF \$100 OF WICHE NECESTAED				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
10/21/2005	Alliance for a Better California Sacramento, CA 95814	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$3,858.57	If loan, enter interest rate, if any
		IND COM OTH PTY SCC			If loan, enter interest rate, if any
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			If loan, enter interest rate, if any
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			If loan, enter interest rate, if any
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			If loan, enter interest rate, if any
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			If loan, enter interest rate, if any

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3. **Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee